London Health Sciences Centre

BEST POSSIBLE MEDICATION HISTORY (BPMH) AND RECONCILED ADMISSION MEDICATION ORDERS

- **USE BALL POINT PEN, PRESS FIRMLY**

ACCEPTABLE ABBREVIATIONS	DO NOT USE	USE	DO NOT USE	USE	DO NOT USE	USE
	U, IU, u OD, QD or qd QOD or qod drug name abbreviations	unit daily every other day write generic drug name	D/C cc µg @	discharge or discontinue mL mcg at	> or < trailing zero (X.0 mg) lack of leading zero (.X mg) OS, OD, OU	greater than or less than never use zeros **after** decimal always use zeros **before** decimal left eye, right eye, both eyes

BEST POSSIBLE MEDICATION HISTORY (BPMH)

SOURCE OF HOME MEDICATION HISTORY

- ☐ Family Doctor: _____
- ☐ Specialist: _____
- ☐ Community Pharmacy: _____
- ☐ Other: _____
- ☐ Medication Administration Record from prior institution
- ☐ Ontario Drug Benefit Drug Profile Viewer
- ☐ Patient recall
- ☐ Discharge note/clinic visit
- ☐ Medication vials/containers
- ☐ Family

RECONCILED ADMISSION MEDICATION ORDERS

Patient weight _____ kg and height _____ cm

ACTUAL or ESTIMATE (circle one)

Specify changes to HOME medications ONLY in section below.

(e.g. decrease atenolol to 12.5 mg once daily due to low BP)

HOME MEDICATION / DOSE / ROUTE / FREQUENCY	INIT.	RECONCILE: CONTINUE	MODIFY	HOLD	DISCONTINUE	MEDICATION CHANGES & RATIONALE	P
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INITIAL HISTORY OBTAINED BY: **Name/Signature/Designation:**	**DATE (YYYY/MM/DD):**	**TIME:**	**PROCESSOR'S INITIALS:**	**DATE (YYYY/MM/DD):**	**TIME:**
ADDITIONAL HISTORY INFORMATION OBTAINED BY: **Name/Signature/Designation:**	**DATE (YYYY/MM/DD):**	**TIME:**	**NURSE INITIALS:**	**DATE (YYYY/MM/DD):**	**TIME:**
ADDITIONAL HISTORY INFORMATION OBTAINED BY: **Name/Signature/Designation:**	**DATE (YYYY/MM/DD):**	**TIME:**	**COPY HAS BEEN SENT TO PHARMACY:** **Initials:**	**DATE (YYYY/MM/DD):**	**TIME:**
PRESCRIBER'S PRINTED NAME / COLLEGE OR MEDICAL DIRECTIVE # / SIGNATURE / DESIGNATION / CONTACT #:				**DATE (YYYY/MM/DD):**	**TIME:**

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BEST POSSIBLE MEDICATION HISTORY (BPMH)

TO BE USED WITH TRANSFER, POST-OPERATIVE AND DISCHARGE RECONCILIATION

- **USE BALL POINT PEN, PRESS FIRMLY**

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BEST POSSIBLE MEDICATION HISTORY (BPMH)

SOURCE OF HOME MEDICATION HISTORY

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- ☐ Patient recall
- ☐ Discharge note/clinic visit
- ☐ Medication vials/containers
- ☐ Family

HOME MEDICATION / DOSE / ROUTE / FREQUENCY	INIT.

INITIAL HISTORY OBTAINED BY: **Name/Signature/Designation:**	**DATE (YYYY/MM/DD):**	**TIME:**
ADDITIONAL HISTORY INFORMATION OBTAINED BY: **Name/Signature/Designation:**	**DATE (YYYY/MM/DD):**	**TIME:**
ADDITIONAL HISTORY INFORMATION OBTAINED BY: **Name/Signature/Designation:**	**DATE (YYYY/MM/DD):**	**TIME:**

POST ADMISSION MEDICATION FOLLOW-UP

Patient weight _____ kg and height _____ cm

ACTUAL or ESTIMATE (circle one)

DOCUMENT COMMENTS AND/OR FOLLOW-UP ACTIONS FOR NEWLY REPORTED HOME MEDICATIONS (Post Admission)

(e.g. discovered phenytoin 3rd day, Dr. notified, order received)

DETAIL ACTIONS TAKEN	INITIAL AND DATE

BPMH REVIEWED WITHIN 24 HOURS BY: **Name/Signature/Designation:**	**DATE (YYYY/MM/DD):**	**TIME:**

BEST POSSIBLE MEDICATION HISTORY (BPMH) AND RECONCILED ADMISSION MEDICATION ORDERS - GUIDELINES FOR USE ON ADMISSION

THE PURPOSE OF THIS MULTIDISCIPLINARY FORM IS TO:

- Ensure the BPMH is obtained, documented and maintained on this form only and then filed in one place in the patient chart (Patient Care Order section)
- Document reconciliation of home medications with Admission Medication Orders
- Allow the Prescriber to review the BPMH prior to writing Medication Orders at all transition points throughout the patient's stay (Admission, Transfer and Discharge)

MEDICATION RECONCILIATION STANDARD PRACTICE

- Medication Reconciliation is a shared responsibility between Medical Staff, Nursing and Pharmacy
- All admitted patients (> 24 hours) will have a completed BPMH prior to Admission Medication Orders being written

INITIATION OF THE RECORD:

- Initiated by the first Regulated Health Professional assessing and documenting the patient's medication history
- Completion of this BPMH meets the requirement for documentation of the patient's medication history
- To avoid duplication or confusion, the person completing this form then writes "See BPMH" on other documents where medication history may have been previously recorded

COMPLETING THE FORM

PAGE 1: BEST POSSIBLE MEDICATION HISTORY (BPMH) and RECONCILED ADMISSION MEDICATION ORDERS

- Complete BPMH on left side of form including: all prescription medications, over-the-counter (OTC) medications, herbal preparations, supplements (e.g. vitamins, minerals)
- When documenting multiple medications, initial beside the first medication, arrow down to the last entry and initial beside the last medication
- Sign and date "Initial History Obtained By" box
- Prescriber/Delegate to reconcile all home medications and write orders using the columns provided (Continue, Modify, Hold or Discontinue)
- Modifications to home medications and rationale for the changes must be documented in the "Medication Changes and Rationale" section (right side)
- Prescriber to print name, sign and date in "Prescriber" box – bottom of page

PAGE 2: BEST POSSIBLE MEDICATION HISTORY (BPMH) – Blue copy of Form (To be placed in page protector)

- The BPMH is reviewed within 24 hours post admission and signed off in box provided
- To change an entry on the BPMH – draw a single straight line through the original entry and initial. Add the corrected information on the next available line, and initial in the column to the right of your entry.
- To add information about home medications after the Admission Orders have been processed, document the information on the next available line on the left side of page, and initial in the column to the right of your entry. Add "Prescriber notified" and any actions taken to reconcile any new home medication information in the section titled "Detail Actions Taken". Then initial and date in the column to the right of your entry. Sign the "Additional History Information Obtained By" box at the bottom of the page.

INSTRUCTIONS TO USE BPMH (BLUE COPY) WITH TRANSFER, POST-OPERATIVE & DISCHARGE FORMS

- Print electronic Transfer Medication Orders, Post-Operative Medication Orders or Best Possible Medication Discharge Plan and Prescription(s) form
- Compare and reconcile medication orders on these forms with the BPMH (blue copy) and Medication Administration Record (MAR) using the columns provided (Continue, Modify, Hold or Discontinue). Include rationale for any changes in the section provided.
- On discharge, discontinued medications from BPMH must be transcribed to the Best Possible Medication Discharge Plan and Prescription(s) form and reconciled (Resume, Modify, Cont. to Hold or Discontinue)